	Application Number		10/590,677		
	Filing Date		October 24, 2	006	_
	First Named Inventor		Ingo Uckelmann		
POWER OF ATTORNEY OR	Title		METHODS AND DEVICE USE TO PRODUCE A SET OF CONTROL		
REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY			DATA FOR PRODUCING PRODUCTS BY FREE-FORM SINTERING AND/OR MELTING, IN		
AND CHANGE OF CORRESPONDENCE ADDRESS			ADDITION TO A DEVICE FOR THE PRODUCTION THEREOF.		
	Art Unit		3742		_
		Examiner Name		Brian W. Jennison	
	Attorney Docke		93884-823803		
t hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith. OR					
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR			20350		
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
Practitioner(s) Name	Re		gistration Number		
I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.					
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:					
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I am the: Applicant/inventor.					
OR Assignee of record of the entire interest. See 37.CFR 3.77.					
Statement under 37 CFR 3.73(b) (Form FTO)88796 submitted herewith or filed on					
SIGNATURE of Applicant or Assignee of Record					
Signature 4	nature 4. / . / . Da		e //:	AIAAIAO	_
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Title and Company BEGO Medical GmbH					_
NOTE; Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					_
total of total of a Bic Sublimed.					- 1